Performance

Report

**1800 951 822**

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| Name of service: | BaptistCare Shalom Centre |
| Service address: | 159-164 Balaclava Road MACQUARIE PARK NSW 2113 |
| Commission ID: | 0608 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 to 19 July 2023 |
| Performance report date: | 30 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for BaptistCare Shalom Centre (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 August 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their individual needs and optimises their health and well-being.
* Ensure staff have a comprehensive understanding of restrictive practices and how to support consumers identified utilising restrictive practices, especially related to behaviour support plans and how to ensure the plans are individualised for each consumer.
* Ensure behaviour support plans are reviewed and ineffective strategies are addressed and adjusted as required.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Information was gathered through documentation review, interviews, and observations. The service demonstrated it is planning care and services that centre on the consumer’s needs and goals and reflect their personal preferences, including end of life planning. Consumers and/or representatives provided positive feedback about how their needs, goals and preferences are met through assessment and planning. Staff were able to describe what is important to consumers and how they want their care delivered. A review of care and service documentation showed inclusion of consumers current needs, goals, and preferences across relevant domains.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers and/or representatives stated their pain is well managed. Review of documentation reflects staff regularly assess pain when providing wound care or other potentially painful procedures. Clinical staff reported they would use a combination of verbal and nonverbal assessments to ensure optimum pain relief is being provided.

A review of documentation for consumers with pressure injuries reflected a consistent approach to their management and referrals being made to a wound care consultant when clinically indicated. However, the service did not demonstrate effective management of changing behaviours and did not demonstrate ongoing review, evaluation, and adjustments of implemented strategies to address changing behaviours.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

Requirement 3(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

A documentation review shows timely and appropriate referrals are made for consumers where needed, and the results of assessment and recommendations made are updated in the consumer’s care plans. Consumers and/or representatives have been informed of allied health services available to them.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team identified some inconsistencies related to organisation wide governance systems relating to information management and continuous improvement.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(c) is found Compliant.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team identified inconsistencies related to management systems and practices relating to incident management.

The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)